EXHIBIT A

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6. a) What is the source	of the funding for the	policy(ies) curre	ntly applic	ed for?	lovem	s 4-22	~i404j			dedemonates et managemonts test voorververververve
b) Will the Owner, now	ror in the future, be p	paying premiums	funded b	by an individu	al angl/of a	entity office	than the	Propos	ed Life	Insured(s), or the
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11. f) Is Disability Insurance (DI) with Provident or Long Term Care (LTC) Insurance with the Company currently being applied for?	☐ Yes ☑	ľνo	nd called an extresis denizezadestrare a denizez	☐ Yes	war are the state of the state	latinani nasiyyy	iğriyasınını yaşısı
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12. Are there any existing life insurance and/or annuity policies owned by the	e Charlet (inc	ludina e	vietina naliciae in H			مروسا ما	
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Complete when applying for Face Amount of \$250,000 or more, or any	amount of 8	iusines	s Insurance, or wh	ел а Рголов	ed Life in	sured	
Is over age 70. (Please submit copies of financial statements, estate analy 13.a) What is the purpose of this insurance?	rsis, contracti	val agre	ements, etc.)				
(e.g. estate conservation, buy-sell, keyperson)	Planni	04					
b) How was the need for the Face Amount determined? f_{maxd}				·lm:	deletelete -d essera	M. 760-101511-77-0-0	tetendelelelelelelelele
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c) Gross annual earned income (salary, commissions, bonuses, etc.)		\$		\$		<u>.</u>	
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e) Household net worth (combined) .		S 5	and a state of the	Postania nastata da	·	C+,+	
f) In the last 5 years, has/have either of the Proposed Life Insured(s), o	r the busines	e) 1,035 ESS chamosophimicoscopia				
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b) Liabilities \$ S	g) Are	other p	ariners/owners/exe	cutives being	insured?	☐ Yes	. □ No
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15. Have you ever used tobacco or nicotine products in any form (including or Proposed Life Insured (Life One) No Yes - give details below	igarettes, cig	ars, ciga	arillos, a pipe, chewi	ng tobacco, n	iootine pa	atches or	gum)?
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Lifestyle Questions - Please provide details in No. 21 for Yes answers.	(Page 4)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	makaran sarah katan kanan sarah s	************************	annen ministrationer	"gegegenenenen en d Gebokeliek degenanenen	monuments.
16. Do you engage in regular exercise? Proposed Life Insured (Life One) □ No □ Yes - give details below							
a) What type of exercise?			nsured (Life Two) exercise?	ונ סאים	'es - give	details b	IB(OW)
b) How many c) How long?	ъ-н		وارسانا فيعدون		seerseammanarsrurus.	*************	r restations
times a week? (Hours or minutes per occasion)	b) How n imes :	nany a week?		v long? urs or minute:	s per occ	asion)	
				Life O		Life T	uneranjieljie, eg,
7. Do you expect to travel outside the U.S. or Canada, or change your count	ry of residenc	e in the	next 2 years?	□ Yes		☐ Yes	·
8. a) Have you flown as a student pilot, licensed pilot, or crew member in an in the last 2 years? If Yes, please complete Aviation Questionnaire NB	v aircraft inci	luding u	itralight planes,		,		
 b) Have you engaged in any form of motor vehicle or power host racing s 	ky divinalnar	achuting	a. skin or scuha	☐ Yes	Lativo ;	⊔ Yes	∐ No
diving, hang-gliding, mountain climbing, or any other hazardous activiti complete Avocation Questionnaire NBS010.	es in the last	2 years	If Yes, please	П V 3	أميها	Five 4	
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19. a) Have yo	ou committed 2 or more moving	y violations within the	last 2 years	?		1,	☐ Yes ⊿ No	برجي ويومونه أريأت أنهم ومستعدة والمعادة والمعادرة والمعادرة والمعادرة والمعادرة والمعادرة والمعادرة
b) Have yo	ou been convicted of driving wh	tile intoxicated or whi	ile otherwise	impaired?			☐ Yes Ç/No	Yes O No
20. In the last t	10 years, have you been convi	cted of a criminal offi	ense?	,				☐ Yes ☐ No
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a) To the bes	st of your knowledge and belief	250 the statements	in the evenie	antina bura an a	of the color of the		Life One	Life Two
application	is signed?					. г]Yes □ No	☐ Yes ☐ No
b) Has the pe	erson who was examined, con-	sulted a doctor/physi	cian or receiv	ed medical or a	surgical advice			
since the c	date of the examination? If Ye	s, give details:]Yes □ No 🚦	🗆 Yes 🗆 No
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Declarations and Authorizations

DECLARATIONS

The Proposed Life Insured(s) and Owner(s) (Parent or Guardian) declare that the statements and answers in this application and any form that is made part of this application are complete and true to the best of my/our knowledge and belief. in addition, I/we understand and agree that:

- 1. The statements and answers in this application, which include the Policy Details and any supplemental form relating to the health, aviation or lifestyle of the Proposed Life Insured(s), will become part of the insurance policy issued as a result of this application.
- 2. (a) Any life insurance policy issued as a result of this application will be effective on the later of the date the first premium has been paid in full and the date the policy has been delivered. The insurance will not be in effect if there has been a deterioration in the insurability of arry proposed life insured(s) since the date of the application. If the Temporary Insurance Agreement (TIA) coverage is in effect and a subsequent policy is issued within 90 days of the date of the original application, the above paragraph only applies to any amount in excess of the TIA amount.
- 2. (b) If premiums are paid prior to delivery of the policy and the terms and conditions of the Temporary Insurance Agreement are satisfied, insurance prior to the effective date shall be provided only under the Agreement and according to its terms.
- ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

AUTHORIZATION TO OBTAIN INFORMATION

I/We, the Proposed Life Insured(s), authorize:

1. John Hancock Life Insurance Company (U.S.A.), John Hancock Variable Life Insurance Company or John Hancock Life Insurance Company

(The Company) to obtain an investigative consumer report on me/us.

2. Any medical professional, medical care provider, hospital, clinic, laboratory, insurance company, the Medical Information Bureau (MIB Inc.), or any other similar person or organization to give The Company and its reinsurers information about me/us or any minor child/children who is/are to be insured. The information collected by The Company may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition.

In turn, The Company is free to disclose such information and any information developed during its evaluation of my/our application to: (a) its reinsurers; (b) the MiB Inc.; (c) other insurance companies as designated by me/us; (d) me/us; (e) any medical professional designated by me/us;

or (f) any person or entity entitled to receive such information by law or as l/we may further consent.

I/We acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative consumer reports and the MIB Inc. This authorization will be valid for two years from the date shown. A photocopy of this authorization will be as valid as the original.

Information collected under this authorization will be used by The Company to evaluate my/our application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

I am/We are entitled, or my/our authorized representative is entitled, to a copy of this authorization.

OWNER/TAXPAYER CERTIFICATION - MUST BE COMPLETED

Under the penalties of perjury, I the Owner, certify that:

1. The number shown on Page 1 of the application is my correct taxpayer identification number (if number has not been issued, write "Applied for" in the box on Page 1), AND

2. Check the applicable box:

I am not subject to Backup Tax Withholding because (a) I am exempt from Backup Tax Withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to Backup Tax Withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to Backup Tax Withholding, AND

🗀 The Internal Revenue Service (IRS) has notified me that I am subject to Backup Tax Withholding, AND

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